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CONFIRMATION NO. 5387

Bib Data Sheet

SERIAL NUMBER 09/435,562	FILING OR 371(c) DATE 11/08/1999 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. MVMDINC.001C
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/187,200 11/06/1998 PAT 6,152,144 *(605)*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*Now 65*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 12/08/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after
Verified and Acknowledged	<i>gmc</i> Examiner's Signature <i>Initials</i>
STATE OR COUNTRY	CA
SHEETS DRAWING	20
TOTAL CLAIMS	<del>60</del> 62
INDEPENDENT CLAIMS	<del>10</del> 3

**ADDRESS**

20995

**TITLE**

METHOD AND DEVICE FOR LEFT ATRIAL APPENDAGE OCCLUSION

FILING FEE RECEIVED 2632	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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